



Body Art Facility Plan Review Application

All new or extensively remodeled body art facilities in La Crosse County must submit one copy of scaled floor plans, an equipment list with specification sheets, and the intended scope of practice for new structures or major remodeling of present structures.

These new items must be submitted and approved by the Health Department, along with the plan review fee, in advance of construction or ownership. Our department will notify the Establishment's Local Contact within 10 business days of submittal if the plans are incomplete and/or cannot be reviewed. The department will review the applications within 20 business days from notification that the application is complete.

Both plan review written approval and pre-inspection are required prior to the start of an operation and the granting of a license. Be advised, regulations are subject to change. Any changes in plans that have not been reviewed must be submitted for review and approval by the Health Department.

1. Prior to submitting this application, please review the Wisconsin Tattoo Code – SPS 221 and have the following items ready for emailing to our Department (environmental@lacrossecounty.org)
 - a. Wisconsin Tattoo Code – SPS 221
 - i. https://docs.legis.wisconsin.gov/code/admin_code/sps/professional_services/220/221
 - b. Apply for your practitioner's license through the Wisconsin Department of Safety and Professional Services (DSPS). Please note this can take up to three (3) months to be approved. This must be submitted to our department prior to operating.
 - i. <https://dps.wi.gov/Pages/Professions/TattooistBodyPiercer/Default.aspx>
 - c. Provide a to-scale floor plan that includes:
 - i. Client reception area
 - ii. Employee storage and break rooms
 - iii. Restrooms
 - iv. Handwashing Sinks
 - v. Sinks for cleaning equipment
 - vi. Procedural areas
 - vii. Mop sink
 - viii. Equipment storage

- ix. Chemical storage
- x. Personal / separated living space
- xi. Any separate business space accessible to the establishment

**** Determine if you will be using all disposable equipment. ****

- d. Pre-Procedure Instructions
 - e. Aftercare Instructions
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- 2. Please have all items ready to email to our department
 - 3. Establishment Information
 - 4. Please indicate the situation that best fits your facility:
 - New Body Art Facility
 - Existing Facility Remodel
 - Change of Ownership
 - 5. Name of Establishment
 - 6. Address of Facility
 - 7. Street Address
 - 8. Street Address Line 2
 - 9. City
 - 10. State/Province
 - 11. Postal/Zip Code
 - 12. Phone Number of Facility

Operator Information

This may be the same as above. This information is used to communicate with the correct licensee and send any invoices and license information to.

- 1. Name of Licensee
- 2. First Name
- 3. Last Name
- 4. Address of Licensee
- 5. Street Address
- 6. Street Address Line 2
- 7. City

8. State/Province
9. Postal/Zip Code
10. Daytime Phone Number of Licensee
11. Email Address of Licensee (example@example.com)

Physical Facility Information

1. Type of Facility (Check All That Apply):
 - Tattoo
 - Piercing
 - Branding
 - Permanent Cosmetics (Permanent eyeliner, lip liner, lip shading)
 - Semi-Permanent Cosmetics (Microblading)
2. How many total artists is this facility being designed for?
3. What are the scheduled hours of operation at the time of opening? (Example: Tues-Saturday: 11 AM – 9 PM; Sunday/Monday by appointment only)
4. Water and Sewer Facilities (Check All That Apply):
 - Private Water (Well)
 - Private Sewer (Septic Tank or System)
 - Municipal Water (City Hook-Ups)
 - Municipal Sewer (City Sewer Services)

Waste and Sterilization Information

1. Name of Trash Disposal Service
2. Name of sharps/biohazard disposal service
3. Location of sharps disposal service
4. Will you have reusable body art equipment in your facility? (i.e. needles, piercing equipment)
 - Yes
 - No, all disposable equipment
 - Unsure

Equipment and Supplies

Please fill out any that apply to your establishment. If something does not apply, write N/A if an item does not apply to your facility.

1. Autoclave: Make/Model: Supplier
2. Ultrasonic: Make/Model: Supplier
3. Disposable Gloves: Make/Model: Supplier
4. Tattoo Ink: Make/Model: Supplier
5. Piercing Jewelry: Make/Model: Supplier
6. Aftercare Dressings (Saniderm, Tagaderm, Other): Make/Model: Supplier
7. Disposable Equipment: Make/Model: Supplier
8. Sanitizer Type: Make/Model: Supplier
9. Other: Make/Model: Supplier
10. Other: Make/Model: Supplier
11. Other: Make/Model: Supplier
12. Other: Make/Model: Supplier
13. Add any additional equipment or supplier information in the space below:

Finishes (Types of Materials in Your Facility)

All finishes in procedural areas must be smooth, easily cleanable, and durable. Carpeting procedural areas is prohibited. Please list finishes below and provide samples if requested.

- | | |
|---------------------------------------|------------------------|
| 1. Floors: Reception Area _____ | Procedural Areas _____ |
| 2. Walls: Reception Area _____ | Procedural Areas _____ |
| 3. Coving: Reception Area _____ | Procedural Areas _____ |
| 4. Ceilings: Reception Area _____ | Procedural Areas _____ |
| 5. Workstations: Reception Area _____ | Procedural Areas _____ |

Email Requested Information to: environmental@lacrossecounty.org

Please email any and all documents requested to complete your application for review. Provide a to-scale floor plan that includes:

- 1. Client Reception Area
- 2. Employee Storage/Break Rooms
- 3. Restrooms
- 4. Handwashing Sinks
- 5. Sinks for cleaning equipment
- 6. Procedural Areas
- 7. Mop Sink
- 8. Equipment Storage
- 9. Chemical Storage
- 10. Personal Separated Living Space
- 11. Any separate business space accessible to the establishment

Email a copy of the Floor Plan of the Entire Facility, Pre-Procedure Consent Form, and Aftercare Instructions to environmental@lacrossecounty.org